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A Sip of Flat COLA For Your Social Security? What To Consider

When it comes to Social Security, the government sometimes gives and often takes away. This year it's taking away a little more from workers while the amount it parcels out to retirees barely climbs.

It hardly seems like a win-win for either group, as the **Social Security Cost of Living Adjustment (COLA) for 2017 rises just 0.3%,** meaning about $5 extra per month for the average recipient. That's barely enough to buy a carton of milk, though it's actually better than last year, when COLA didn't rise at all.

Meanwhile, for those of us still working, the amount of wages subject to Social Security taxes is now $127,200, up from $118,500 in 2016. Though only the top 16% of households make that much, according to the Census Bureau, it it does mean higher taxes for those who pull in the big bucks. For instance, an employee making $150,000 and subject to the 7.65% Social Security tax on wages would owe taxes on an additional $8,700 of his or her income, meaning extra taxes of about $665 a year. The actual tax rate, however, isn't changing.

Gulp!

The 0.3% inflation-adjusted COLA this year may raise eyebrows among some retirees. After all, costs for certain items, including housing and health care, rose pretty sharply last year. Overall, the Consumer Price Index was up 2.1% in 2016, according to the Bureau of Labor Statistics. That's way more than 0.3%.

But Social Security calculates COLA based on increases in the Consumer Price Index for Urban Wage Earners and Clerical Workers. That's not the same as CPI, as it only includes information for certain demographics. So 0.3% it is.

"The small COLA is a reflection of the cost of living rising slowly, so retirees have the same basic cost of living," says Kathy Stokes, Senior Adviser, AARP.

But with costs rising more than 0.3% for a lot of goods, it doesn't mean the small COLA is necessarily enough for everyone. "There are people out there who are feeling pain," Stokes says.

Double Gulp!

The lessons? Inflation can be in the eye of the beholder, and retirees and those saving for retirement may need to find ways to depend less on Social Security payments, analysts say. This means saving more ahead of time if possible, or finding other sources of income once in retirement.

"If you're not at retirement age, save as much as you can, because every little bit counts," says Dara Luber, Senior Manager, Retirement, TD Ameritrade. "People are living longer and they need to know their money is going to work for them." Luber says that, while everyone should invest based on their own risk tolerance and time horizon, if you are **in or near retirement, you may want to consider the bucket strategy**, in which your portfolio is segmented into "buckets" of risk tolerance depending on how soon you will need it. She says it's important to review your goals and risk tolerance periodically.

"Set up regular contributions and make sure you're staying on track," Luber says.

For those already in retirement and struggling with costs even as the **government says costs aren't rising, there may be more serious lifestyle changes to contemplate**. "It's a matter of looking for ways to put more money away while you're working; or, if you're already retired, looking for alternatives for extra income," Stokes said. "Join the 'gig' economy driving for Lyft or Uber; get a part-time job, or rent out a room. There are more opportunities now than ever before for people who are retired to find meaningful ways of making more income."

For those retirees who don't really relish the thought of diving back into the job market, even part-time, or for near-retirees who don't want to work through their golden years, it may be helpful to consider an investment that can deliver regular payouts during retirement, such as an annuity. "A guaranteed income may help you pay for your needs," Luber said.

Social Security can help, too, but with payouts growing so slowly and not keeping up with CPI, it's important not to depend entirely on those monthly checks.

Putting you in control this tax season

As a *my* Social Security account holder, you can use Social Security's online services at your convenience. Since you received Social Security benefits in 2016, we can help you get the information you need to file your tax returns. You can use your online account to get an instant replacement SSA-1099 or SSA-1042S form.

It's quick and easy…

- Log in to your account at **www.socialsecurity.gov/signin**.
  - *If you don't remember your username or password, you can select "Forgot Username," "Forgot Password," or both. After you answer questions to verify your identity, you'll be all set.*
- Select the "Replacement Documents" tab and get the forms you need.

For more than 80 years, Social Security has helped secure today and tomorrow with information, tools, and resources to meet your changing needs and lifestyles. We hope you, your family, and your friends will take advantage of the many services available with a *my* Social Security account at **www.socialsecurity.gov/myaccount**.

2017 Social Security and Medicare Factsheet

The Many Faces of Social Security

Average 2017 Monthly Social Security Benefit

Social Security Cost of Living Adjustment (COLA) for 2017: 0.3%

2017 Social Security & Medicare Contribution Amounts

Social Security: When & How to Apply for Benefits

The Many Faces of Medicare

2017 Medicare Part A (Hospital Coverage)

2017 Medicare Part B (Physician Coverage)

2017 Medicare Part D (Prescription Drug Coverage)

Medicare: When & How to Apply for Benefits

To read more and see the Charts, go to **Alliance for Retired Americans**

Five Quick Ways HHS Secretary Tom Price Could Change The Course Of Health Policy

After a bruising confirmation process, the Senate confirmed Rep. Tom Price, R-Ga., to head up the Department of Health and Human Services, by a 52-to-47 vote.

As secretary, Price will have significant authority to rewrite the rules for the Affordable Care Act, some of which are reportedly nearly ready to be issued.

But there is much more now within Price's purview, as head of an agency with a budget of more than $1 trillion for the current fiscal year. He can interpret laws in different ways than his predecessors and rewrite regulations and guidance, which is how many important policies are actually carried out.

"Virtually everything people do every day is impacted by the way the Department of Health and Human Services is run," said Matt Myers, president of the Campaign for Tobacco-Free Kids. HHS responsibilities include food and drug safety, biomedical research, disease prevention and control, as well as oversight over everything from medical laboratories to nursing homes.

- **Birth control coverage**
- **Medicare payment changes**
- **Planned Parenthood funding**
- **Tobacco regulation**
- **Conscience protections**

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Grassley Launches Inquiry Into Orphan Drugs After KHN Investigation

Republican Sen. Chuck Grassley, chairman of the Senate Judiciary Committee, has opened an inquiry into potential abuses of the Orphan Drug Act that may have contributed to high prices on commonly used drugs.

In a statement, Grassley said the inquiry is "based on reporting from Kaiser Health News" and strong consumer concern about high drug prices.

"My staff is meeting with interested groups and other Senate staff to get their views on the extent of the problem and how we might fix it," Grassley wrote on Feb. 3, adding that he will continue to work on bringing prices down in other ways as well.

A six-month Kaiser Health News **investigation** published in January found that the orphan drug program intended to help desperate patients is being manipulated by drugmakers. While the companies are not breaking the law, they are using the 1983 Orphan Drug Act to secure lucrative incentives and gain monopoly control of rare disease markets where drugs often command astronomical price tags.

KHN's investigation, which was **published and aired** by NPR, found that many drugs that now have orphan status aren't entirely new. More than 70 were drugs first approved by the Food and Drug Administration for mass market use. Those include cholesterol blockbuster Crestor, Abilify for psychiatric disorders, and rheumatoid arthritis drug Humira, the best-selling drug in the world.

Others are drugs that have received multiple exclusivity periods for two or more rare conditions. About 80 drugs fall into this latter category, including cancer drug Gleevec and wrinkle-fighting drug Botox. ...**Read More**

Rhode Island Alliance *for* Retired Americans, Inc. • 94 Cleveland Street • North Providence, RI • 02904-3525 • 401-722-2770
www.ri-ara.org • **riarajap@hotmail.com** • **http://www.facebook.com/groups/354516807278/**

Kaiser Issue Brief Provides Clarity About Medicare's Financial Outlook

Last week, the Kaiser Family Foundation (KFF) released an **issue brief** on Medicare's financial outlook. Medicare's funding, finances, and future continue to be major topics of conversation, including during the confirmation hearings for President Trump's administrative nominees. With this brief, KFF brings much-needed clarity to these discussions. The brief explains Medicare funding, the Affordable Care Act's (ACA's) impact on Medicare's long-term financial stability, and what an aging population means for Medicare going forward.

When policymakers say Medicare is "going broke" or talk about the "Medicare trust fund," they are talking about Part A, the part of Medicare that pays for hospital stays. That trust fund does have limited funding; the current estimate is that the fund will be able to pay 100 percent of Part A costs until 2028. By contrast, in 2009 the estimated insolvency date was 2017. Such wildly fluctuating forecasts coupled with misconceptions about Medicare's funding sources may lead to fears of the program ending; however, "insolvency" of the trust fund would not spell the end for Medicare.

The brief also discusses demographic trends for the country as a whole. As populations age, their health costs become higher, and people who are over age 80 need especially expensive care. The population over 65 years old will increase rapidly, with the population over 80 years old nearly tripling by 2050. This means that Medicare's costs will likely continue to rise for the foreseeable future.

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Medicare Commits to a New Ombudsman Program

MEDICARE RIGHTS CENTER
Getting Medicare right

In December, the Centers for Medicare & Medicaid Services (CMS) finalized a **demonstration program** that will test new ways for Medicare to pay hospitals that perform heart or hip surgeries. Under the new model, Medicare will pay participating hospitals one payment, known as a "**bundled payment**," for a person's hospital stay and the 90 days following a heart attack, cardiac bypass surgery, or surgical hip treatment. The hospital stay and 90-day post-stay period together are known as an "**episode of care**." As part of this demonstration, CMS announced the creation of **an ombudsman** to serve people with Medicare in this model and other similar programs—a move applauded by Medicare Rights.

Bundled payments are designed to enhance the overall quality of care provided by creating new incentives for hospitals to better manage and coordinate patient care. These payments are coupled with quality measures to assess how well hospitals are providing care to patients. If hospitals spend resources efficiently, while also performing well on quality, they can receive higher payments known as "**shared savings**."

Medicare Rights has been generally supportive of value-based demonstrations like this one, because we believe they can benefit both taxpayers—by spending Medicare dollars more wisely—and people with Medicare—by improving people's care and well-being. Still, we often urged CMS to rigorously monitor patient experiences in these new care models and to more thoroughly educate people about how their care may or may not change and what their rights are as a Medicare recipient. ...**Read More**

Drugmaker Marathon 'Pausing' Delivery Of $89,000-a-year Muscular Dystrophy Drug

In a surprise move Monday, Marathon Pharmaceuticals told patient advocates that it would "pause" the launch of its drug Emflaza because of pricing concerns expressed by patients and advocacy groups.

The drugmaker had announced an $89,000 annual price tag for its newly approved drug last week but patients and lawmakers immediately cried foul.

"What you're doing is robbing my insurance company," said Dana Edwards, a mother from New Jersey whose 12-year-old has taken deflazacort, the generic version of the drug, since he was five years old.

Newly approved Emflaza treats Duchenne muscular dystrophy, a rare, devastating neuromuscular disorder. Patients have been importing the generic version of the drug from overseas for about $1,200 a year.

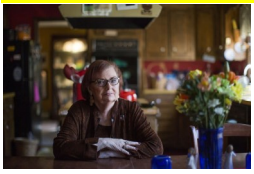
A statement read to a conference of parents, patients and advocates in Washington, D.C., and attributed to Marathon CEO Jeffrey Aronin said: "Our goal in commercializing Emflaza all along has been to make it available to that broader set of patients who prior to FDA approval have not had access to the therapy … We are pausing our launch, which has not yet taken place. We have not sold any new product and will pause that process."

Pat Furlong, the president and founder of Parent Project Muscular Dystrophy, which sponsored the Monday morning conference, read the statement to an outraged crowd in a conference room at the Mayflower Hotel.

The company will continue to offer patients an expanded access program, Furlong read, which allows about 800 patients to receive the drug from the company. More can join that program for free, and patients can continue importing drugs from Canada or "wherever they are getting it," the statement said. ,,,**Read More**

RI ARA HealthLink Wellness News

Dozens Of New Cancer Drugs Do Little To Improve Survival, Frustrating Patients



Marlene McCarthy's breast cancer has grown relentlessly over the past seven years, spreading painfully through her bones and making it impossible to walk without a cane.

Although the 73-year-old knows there's no cure for her disease, she wants researchers to do better. It's been years, she said, since she has found a drug that has actually helped. McCarthy said she's frustrated that the Food and Drug Administration is approving cancer drugs without proof that they cure patients or help them live longer.

"That simply isn't good enough," said McCarthy, of Coventry, R.I. "I understand [why] that could be satisfactory for some people. It isn't to me."

Pushed by patient advocates who want earlier access to medications, the- FDA has approved a flurry of oncology drugs in recent years, giving some people with cancer a renewed sense of hope and an array of expensive new options. A few of these drugs have been clear home runs, allowing patients with limited life expectancies to live for years.

Many more drugs, however, have offered patients only marginal benefits, with no evidence that they improve survival or quality of life, said Dr. Vinay Prasad, assistant professor of medicine at the Oregon Health and Sciences University, who has written extensively about the FDA's approval process for cancer drugs.

Overall cancer survival has barely changed over the past decade. The 72 cancer therapies approved from 2002 to 2014 gave patients only 2.1 more months of life than older drugs, according to a study in JAMA Otolaryngology–Head & Neck Surgery.

And those are the successes.

Two-thirds of cancer drugs approved in the past two years have no evidence showing that they extend survival at all, Prasad said.

The result: For every cancer patient who wins the lottery, there are many others who get little to no benefit from the latest drugs.

"We are very concerned about the push to get more drugs approved, instead of effective drugs approved," said Fran Visco, president of the National Breast Cancer Coalition, who said the last game-changing breast cancer drug, Herceptin, was approved nearly 20 years ago…. **Read More**

Preparing for Surgery? Frailty: a Special Consideration for Older Persons

Age is no longer the absolute barrier to **undergoing surgery** in the U.S. As the population gets older, and the number of older individuals increases, more people require interventions for a number of health concerns. Interventions include procedures such as valve-replacement surgery, hernia repairs, cataract removals or **joint replacements**, for example.

Internal medicine physicians and family practitioners are well-versed in "clearing" patients for surgery. This evaluation essentially determines the risk of adverse cardiovascular events (along with additional risks in individuals with specific conditions: pulmonary risks in individuals with chronic lung disease; risk of bleeding or blood clots in individuals on blood thinners) and communicates this risk with the surgeon.

Determining risk is more pertinent in elective or planned surgeries, as there is time to implement an intervention for individuals who are at higher risk for these complications. Such interventions may include stress tests for people who may have symptoms of uncontrolled or unmanaged **coronary artery disease**. On the other hand, in emergency situations, determining risk can often be secondary when surgery must be done to save a person's life. The risks remain, though, despite any urgency or need to immediately go to the operating room.

Recently, functional status has been increasingly predictive of how older individuals do after surgery. Individuals who are more functionally independent (e.g. able to do daily living activities independently) are usually more physically and cognitively intact, and those with more limitations are usually more physically and/or cognitively impaired. This functional status is a good marker of overall fitness for surgery, as it reflects the impact of aging along with a person's medical problems ... **Read More**

Why high-risk pools won't crack the pre-existing condition dilemma

Some Republican leaders are promoting state high-risk pools as an alternative to the Affordable Care Act's popular provision requiring health plans to accept consumers regardless of pre-existing medical conditions.
They cite Wisconsin's pre-ACA pool, the Health Insurance Risk-Sharing Plan, as a model.

But a Wisconsin insurance official recently cautioned a House panel that high-risk pools need a stable funding source and are not a solution for every state. Other experts say state high-risk pools generally were a policy failure across the country, and making them work properly would require a large amount of taxpayer funding.

ACA replacement proposals presented by House Speaker **Paul Ryan** and newly confirmed HHS Secretary **Tom Price** would provide federal funding to states to establish separate high-risk plans to serve sicker people. The goal is to enable insurers to reduce premiums in standard individual-market plans by getting the costliest people out of those plans while guaranteeing them continued access to coverage through the pools. ... **Read More**

Six Signs Someone with Alzheimer's Might Wander

Anyone living with a form of dementia such as Alzheimer's is at risk of wandering. "It's predicted that six of 10 individuals with Alzheimer's will wander during the disease process," said Monica Moreno, director of Early-Stage Initiatives for the Alzheimer's Association. That's why it's important to watch for the potential signs that someone could be at risk to wander.

Following, from the Alzheimer's Association, are six signs that an individual with Alzheimer's disease could be at risk:

1. **The disease itself.** Anyone living with dementia is at risk of wandering. This behavior can affect individuals in all stages of the disease as long as that person is mobile. "Wandering can happen at any time, and not just on foot…someone in a car or even a wheelchair could wander," Moreno said. Returning home later than usual from a regular walk or drive could be a sign an individual has wandered or become lost. If an individual has wandered before, he or she will likely wander again.
2. **Trouble navigating familiar places.** If Dad has trouble getting to and from places he has frequented for years, it's a potential sign he could wander and become lost. Perhaps Mom is unable to locate a room in the house she's lived in for decades. That desire to get to a certain place could prompt individuals with Alzheimer's to go in search of where they feel they need or want to be.
3. **Talk about fulfilling non-existent obligations.** If Dad keeps discussing going back to work, or Mom is talking about taking the baby – who is now an adult – to the doctor, a loved one with Alzheimer's could be at risk of wandering.
4. **Agitation during the late afternoon or early evening.** Individuals with Alzheimer's or other dementia often become agitated and restless, even pacing, as fatigue sets in and are at greater risk of wandering. Frequently this occurs during early evening hours, commonly referred to as "sundowning." A daughter caregiver named Robyn calls this her biggest challenge. "Sundowning is always present around dinnertime and it becomes even more challenging to keep Mom calm. Conducting research and learning what approaches to use have really helped us to understand and prepare."
5. **Wanting to go home when they're already there.** Caregiver Julie knows this frustration. "I have a problem with my mother always repeating she wants to go home. I may get her mind off this for just a moment, but then she begins to repeat the same sentence over and over." Individuals with Alzheimer's disease often go looking for home when they are already there. Reassure a loved one he or she is safe and secure.
6. **Unmet needs.** If a loved one wants to go to the bathroom, but can't remember where it is, that individual could be at risk of wandering. Make sure all needs are met as quickly as possible.

How Long You Stay On Opioids May Depend On The Doctor You See In the E.R.

Which doctor a person happens to see at a local emergency room can have long-term consequences when it comes to opioid use.

Within the same hospital, some doctors are three times more likely to prescribe an opioid than other doctors, and patients treated by high-prescribing doctors are more likely to become long-term opioid users, according to a study published Wednesday in the New England Journal of Medicine.

"Physicians are just doing things all over the map," says Dr. Michael Barnett, an assistant professor at the Harvard T. H. Chan School of Public Health and one of the study's authors. "This is a call to arms for people to start paying a lot more attention to having a unified approach."

The study looked at how many opioid prescriptions emergency physicians gave to about 377,000 Medicare beneficiaries from 2008 through 2011. The lowest-prescribing quartile of doctors prescribed opioids to just 7 percent of patients, while the highest prescribed opioids to 24 percent — more than three times as often….**Read More**

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Available only through the Medicare Rights Center, Medicare Interactive (MI) is a free and independent online reference tool thoughtfully designed to help older adults and people with disabilities navigate the complex world of health insurance.

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Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR.973

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